

**Michigan Department of Community Health WIC Program  
Breast Pump and Attachment Kit Distribution Log**

Type of Pump/Attachment Kit \_\_\_\_\_

Inventory Start Date \_\_\_\_\_

Mo. Day Year

(Multi-Use and Pedal Pumps Only:)

Serial Number \_\_\_\_\_

Date Pump Received \_\_\_\_\_

Date Equipment Issued	WIC Participant Name	WIC Participant ID	Reason for Pump Issuance	Staff Member Initials	Return Due Date (Multi-Use and Pedal Pump only)	Returned & Cleaned (Date and Staff Initials)